



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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P24

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Hetherington	J.	George	523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington			523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	

PART II ORGANIZATION

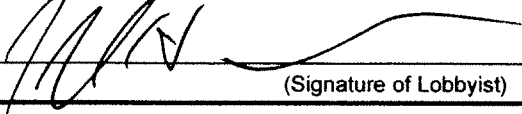
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Ballard Family Mortuary, Inc.	(808) 879-7911	
MAILING ADDRESS (Street)	FAX	
440 Ala Makani Street		
(City)	(State)	(Zip Code)
Kahului,	Hawaii	96732
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Mark Ballard		(808) 879-7911
MAILING ADDRESS (Street)		FAX
C/O Ballard Family Mortuary, Inc., 440 Ala Makani Street		
(City)	(State)	(Zip Code)
Kahului	Hawaii	96732

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

5/2/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Mark Ballard	President

NAME OF ORGANIZATION (if applicable)

Ballard Family Mortuary, Inc.

TELEPHONE

(808) 879-7911

MAILING ADDRESS (Street)

440 Ala Makani Street

FAX

(City)

Kahului

(State)

Hawaii

(Zip Code)

96732

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

4/30/2007

(Date)